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<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. 5024-0102PUS1																																											
Application No. 10/532,427-Conf. #1679	Filing Date April 22, 2005	Examiner E. H. Langdon	Art Unit 3654																																											
Applicant(s): Fujita KIMURA																																														
Invention: SPOOL																																														
<p><b>MS Amendment</b>  <b>Commissioner for Patents</b>  <b>P.O. Box 1450</b>  <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith is an amendment in the above-identified application.          The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">10</td> <td style="text-align: center;">- 21 =</td> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;">0.00</td> </tr> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Large Entity             <span style="margin-left: 200px;"><input checked="" type="checkbox"/> Small Entity</span> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment.         </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.          A duplicate copy of this sheet is enclosed.         <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.             <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                 <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u>                      as described below. A duplicate copy of this sheet is enclosed.                     <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment.                         <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                             </div> </div> </div> </div> </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____                          Andrew D. Melkie                          Attorney Reg. No.: 32,868</p> <p>BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP                          8110 Gatehouse Road                          Suite 100 East                          P.O. Box 747                          Falls Church, Virginia 22040-0747                          (703) 205-8000</p> </div> <div style="width: 35%; text-align: right;"> <p>Dated: <u>August 22, 2006</u></p> </div> </div> </div>					CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	10	- 21 =		x		Independent Claims	2	- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
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